

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	MM	105910	9/28
O.I.P.E. CLASSIFIER		19	
FORMALITY REVIEW	WW	67479	6/12 W
RESPONSE FORMALITY REVIEW	WW	67479	11-22-61

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 - ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	2/13/61
2	10/6/61
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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